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Country note**

Haiti

Summary

The Executive Director presents the country note for Haiti for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The Common Country Assessment characterized the situation in Haiti as one of extreme violence, absence of justice, limited access to social services, environmental degradation, unemployment, rural migration, housing shortages and overcrowding. The 1991 coup d'Etat was followed by violence, an embargo, military intervention, and the continuing absence of political stability and good governance, which together have caused a breakdown in the social structure and created conditions that impede the realization of child rights at every stage of the life cycle. The parliamentary elections in 2000 brought discord and uncertainty, and a denunciation of electoral flaws by key donors. The donor position hinders programme development and anti-poverty efforts in a country where 70 per cent of the population of 8 million (33 per cent urban, 67 per cent rural) live on less than $1 per day. As much as 66 per cent of the country's resources are owned by 4 per cent of the population, while 70 per cent of the populace receive only 20 per cent of income. Development aid contributes to a very large percentage of government expenditure. With a per capita gross national product of $460, Haiti remains the

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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poorest country in Latin America and the Caribbean. Presidential elections are scheduled to be held by the end of November 2000.

2. The rights of Haitian children and women are largely unfulfilled. The maternal mortality rate is 457 per 100,000 live births (1995); the infant mortality rate has remained at 80 per 1,000 live births for the past five years; and the under-five mortality rate is 119 per 1,000 live births. Severe and moderate malnutrition affect 32 per cent of children under the age of 5. Diarrhoea and respiratory infections are the main causes of child mortality. Locally produced salt is not iodized, and vitamin A deficiency persists. Vaccination coverage of children is between 43 and 71 per cent. Although no cases of measles had been reported since 1996, there was an epidemic in 2000. Lack of access to information and to health services, combined with a shortage of staff and essential drugs, worsen the health situation.

3. The number of HIV-positive children under the age of 5 is estimated at 20,000. As many as 55 per cent of all orphans — some 235,000 children — are AIDS orphans. In 1999, HIV prevalence among 15- 24-year-olds was estimated at 3.9 per cent and at 5.4-7.7 per cent among 15- 49-year-olds (among the highest in the region). Two thirds of women 15 to 24 do not believe that they are at risk of infection. Increasing coverage of drinking water supply and sanitation services is another major challenge. Only 46 per cent of the population (49 per cent urban and 44.5 per cent rural), have access to safe drinking water, while sanitation services are limited to 26 per cent of the population.

4. Among primary school children, only 43 per cent are enrolled. In 1999, net primary enrolment was 42.8 per cent for girls and 41 per cent for boys; 62 per cent of pupils are over-age. Retention until the fifth year is 40.8 per cent, and secondary school enrolment is just 12.7 per cent for girls and 15 per cent for boys. Adult literacy rates are 46 per cent for women and 50 per cent for men. In 2000, 25 per cent of pre-school-age children were registered in early childhood care and pre-school institutions.

5. There are 7,500 street children, separated from their families by poverty, loss of parents or domestic violence. An estimated 250,000 children, 75 per cent of whom are young girls, work as unpaid servants. These children are sent from their rural homes to the capital in the hope of obtaining education, but end up in servitude and suffer neglect and abuse. Forty per cent of all Haitian children have endured repeated acts of violence — ranging from humiliation and beating to rape and incest. Children under the age of 16, some under 13, are illegally held in prison, often in the same cell as adults; those over 16 are imprisoned with adults. Children affected by natural disasters, such as frequent hurricanes, fall into the group of children requiring special protection.

6. There are few operational national policies, strategic and legal frameworks, or functioning institutions. Decision-making is rarely informed by the best interests of the child. The right of children to express their views is not respected. Those in government, non-governmental organizations (NGOs), communities and families responsible for fulfilling rights are debilitated by lack of knowledge, motivation and resources. The leadership is distracted by political events, the private sector is not sufficiently engaged in social issues, and neither public nor private accountability mechanisms function well. Despite intense stress from poverty, disease and other factors, families remain an important social safety net, yet ignorance about rights prevents them from fulfilling their obligations.

Lessons learned from past cooperation

7. During the 1994-2001 period, UNICEF responded to the chronic political instability with three short-duration country programmes, which gave the organization the flexibility needed to respond to the rapidly changing environment. But the negative effect of such programming is now being seen, in the absence of long-term vision and development objectives, lack of systematic mid-term reviews and programme evaluations, and delayed implementation. It is necessary to recommit to the five-year cycle and to integrate emergency programming in the new country programme.

8. The short-duration programmes never fully resolved the problem of fundamental institutional weaknesses. Relationships with the Government and NGOs have been erratic, reflecting the shifting positions of the international community vis-à-vis the Government. Focusing resources on state institutions and then on civil society resulted in limited long-term impact on the fulfilment of children's and women's rights. Programmatic equilibrium must be created by strengthening partnerships with the Government and civil society, and by building bridges between them.

9. A number of other lessons were learned. First, the needs-based approach generated a wide range of interventions resulting in a dispersion of resources and energy; a rights-based approach, on the other hand, will unify interventions within a well-defined framework. Second, capacity-building, clearly linked to advocacy, information and communication, must be strengthened, not only at the national level but also at the level of district, community and family. Third, the participation of children and adolescents, not a priority in the past, is an essential component of the country programme. A culture of participation that will allow children to express their views in the family, school and community and articulate their demand for their rights should be created. Fourth, there is a need to strengthen accountability of those under obligation to protect the rights of children (duty bearers). This requires consolidated monitoring, evaluation and reporting mechanisms and the establishment of a solid and disaggregated child rights database.

10. Analysis of the situation of high-risk groups, their numbers now swelled by AIDS orphans, shows that protection must qualify as a programme in its own right, despite the crosscutting nature of many protection-related activities. Previous programmes of cooperation seriously underestimated the magnitude of HIV/AIDS, and UNICEF must work with United Nations and other partners in breaking the conspiracy of silence and accelerating action.

Proposed country programme strategy

11. Haitian children and adolescents have experienced an intensity and wide range of human rights violations, and they are increasingly vulnerable. As a result, the new country programme is based on UNICEF comparative advantages and the priorities of the New Global Agenda for Children. It will adopt a rights-based and decentralized approach, focusing on the right to life, development and protection, prioritizing key activities in the areas of health and nutrition, basic education and protection. These key strategic interventions fall within the parameters currently being defined in the United Nations Development Assistance Framework. The

proposed country programme strategy will support national policies and priorities for children, defined by the new Government and consistent with UNICEF global policies and priorities.

12. The goal of the new country programme is to contribute to efforts of the Government and other key duty bearers to address the major threats to children's rights, while opening new channels of participation and partnerships. The strategic role of UNICEF will be in advocacy, representing an ethical and moral voice in the pursuit of children's rights, and in technical and financial support to partners, emphasizing accountability.

13. Three strategies, which work synergistically and are closely associated with the child rights approach, will form the operational backbone of the new programme: capacity-building of duty bearers; advocacy, information and communication; and participation. The emphasis on duty bearers and the acknowledged weaknesses in public administration require partnerships to expand well into civil society and involve families and children. The private sector, until now largely absent, will be actively encouraged to participate.

14. Capacity-building will focus on both technical skills development and coordination among partners operating at household, community, commune, district and national levels. It is hoped that family and community members, once aware of their rights, will demand services, which must be available to them. In this approach, improved service delivery is part of capacity-building, and not a separate strategy. Efforts will be made in the area of advocacy, with a view to gaining acceptance of new ideas and prompting duty bearers to act. Through participation, people will exercise and claim their rights. In addition, three operational strategies are proposed: (a) expansion and consolidation of balanced alliances between government, civil society and the private sector; (b) capacity-building in the field of data collection, monitoring, evaluation, research and reporting on human rights compliance; and (c) use of pilot projects that can be taken to scale.

15. The new country programme comprises five programmes, all of which include the life cycle approach, as well components on HIV/AIDS, gender and disaster prevention, preparedness and response. Although health sector interventions, especially in mother-to-child transmission, are urgent, they are not sufficient to fight the multifaceted HIV/AIDS epidemic. Therefore, HIV/AIDS will be central to all life cycle interventions. Gender mainstreaming will support sensitization and capacity-building, as well as targeted programming where discrimination has deprived girls and women of equal rights. Disaster and emergency components will emphasize preparedness planning, emergency assessment and coordination, accelerated assistance to partners for priority areas for children, and monitoring the situation of children.

16. The health and nutrition programme, addressing the 0-6-year age group, will include breastfeeding promotion, immunization, improved feeding practices, micronutrients (especially elimination of iodine deficiency) and the Integrated Management of Childhood Illness initiative. Adolescents and youth will be targeted in preventive and reproductive health, including HIV/AIDS prevention and control. Information provision and primary health care services will target antenatal care, maternal health and safe motherhood.

17. Through the *basic education and early childhood care and development (ECCD) programme*, the 0-6-year age group will benefit from increased care and stimulation, with an emphasis on low-cost models to serve the poor and community-managed initiatives. Actions for 7-12-year-olds focus on creating child-friendly schools, with an emphasis on improved quality, girl student retention and access to child/adolescent-friendly health services. HIV/AIDS will be central to curriculum development and teacher training.

18. *Child protection programme* activities cover 0-18-year-olds, targeting street children, child servants, orphans, minors in prison, those infected by, or vulnerable to, HIV/AIDS, victims of natural disasters, and all those unregistered at birth. Activities will include legislative reform, institutional strengthening, birth registration, access to health and educational services, promotion of a rights culture, and social integration of those suffering exclusion, exploitation, violence and abuse.

19. The *capacity-building, monitoring and evaluation programme* will include child rights-based indicators, research and reporting, in order to have a basis to hold duty bearers accountable for their obligations to children. It will focus on strengthening institutional capacity in planning, management, monitoring and evaluation, as well as the capacity of families and communities, to respect and protect rights.

20. The *advocacy, information, communication and participation programme* will seek to motivate behavioural change and mobilize civil society partners and government for rights fulfilment. A key activity will be the expansion of "spaces" within which adolescents, the poor and marginalized can participate in dialogues and learn how they can act to protect their rights.

21. Cross-sectoral costs reflect expenses attributable to the entire programme, such as for operations staff and travel.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	2 262	6 000	8 262
Basic education and ECCD	1 500	5 000	6 500
Child protection	1 000	3 000	4 000
Capacity-building, monitoring and evaluation	900	500	1 400
Advocacy, information, communication and participation	1 500	3 000	4 500
Cross-sectoral costs	2 700		2 700
Total	**9 862**	**17 500**	**27 362**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.